

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	71058	12/9/99
O.I.P.E. CLASSIFIER		4?	12/1/99
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	S.S.	69134	1-3-2000

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Original	Date
1	1 5 12 5	
2	1 7 1 1	
3	0 1 0 4 3 1 5	
4	✓	
5	— 0	
6	N N	
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11	✓ ✓ ✓	
12	✓ ✓ ✓	
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14	N N	
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36	✓ ✓ ✓	
37	✓ ✓ ✓	
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44	✓	
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49	✓	
50	✓	

Claim	Original	Date
51	✓ 5	
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If more than 150 claims or 10 actions  
staple additional sheet here

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